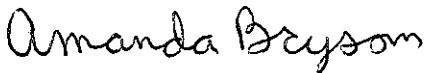


Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	June 11, 2018

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Bryson	Amanda	K	Confidential Assistant Office of the Director	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 		Date: 6/15/18		
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature: 		Date: 6/18/18		
Other Review Conducted By:				
Signature:		Date:		
U.S. Office of Government Ethics Certification (if required):				
Signature:		Date:		
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number		
Part 1: Filer's Positions Held Outside United States Government						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Convention Photography Services	Boone, NC	Photography Company	Photographer/Manager	April 2010	April 2018
2.	International Convention Photography	Orlando, Florida	Photography Company	Photographer	March 2017	November 2017
3.	Uber Driver	Boone, NC	Commercial Driving Service	Driver	September 2017	February 2018
4.	Twickenham House and Hall	Boone, NC	Wedding Planning	Events Production Manager	June 2016	July 2016
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
Part 2: Filer's Employment Assets & Income and Retirement Accounts					
#	Description	EIF	Value	Income Type	Income Amount
1.	Convention Photography Services				\$11,294
2.	International Convention Photography				\$2,225
3.	Uber Driver				\$621
4.					
5.					
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	None			
2.				
3.				
4.				
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year				
#	Source Name	City/State	Brief Description of Duties	Page Number
1.	Convention Photography Services	Boone, NC	Photographer at tourist destinations and national and state conventions and managed staff	
2.				
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Page Number

Filer's Name

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
2.					
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Page Number

Filer's Name

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
2.					
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 7: Transactions				
#	Description	Type	Date	Amount
1.				
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Part 8: Liabilities					
#	Creditor Name	Type	Amount	Year Incurred	Rate
1.	None				
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
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